

09/735498

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2		1		1			52				
3		1		1			53				
4		2		2			54				
5		3		3			55				
6		3		3			56				
7		1		1			57				
8		2		1			58				
9		1		1			59				
10		1		1			60				
11		1		1			61				
12		2		2			62				
13		1		1			63				
14		1		1			64				
15		1		1			65				
16		1		1			66				
17				1			67				
18				1			68				
19				1			69				
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44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1		1				TOTAL IND.				
TOTAL DEP.	22		24				TOTAL DEP.				
TOTAL CLAIMS	23		25				TOTAL CLAIMS				

PTO-1350 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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